



NHYA Registration Form

NORTH HAMPTON YOUTH ASSOCIATION OFFERS:
SOCCER, BASKETBALL, BASEBALL, SOFTBALL, LACROSSE

ADULT/RESPONSIBLE PARTY INFORMATION

Father's Last Name _____ First Name _____ Work Phone _____

Mother's Last Name _____ First Name _____ Work Phone _____

Address _____ City _____ State _____ Zip Code _____

Home Phone _____ Cell/Pager _____ Parents Email _____

Person to contact in case of emergency other than parent:

Name _____ Relationship _____ Phone _____

CHILD'S Last Name _____ First Name _____ M/F _____ DOB _____ Grade _____

Does your child have any physical/other limitations? Yes () No ()

If yes, please explain the limitations: _____

Please circle shirt size— **YOUTH:** M L **ADULT:** S M L XL

Any day your child **can't** practice: Mon. Tues. Wed. Thurs. Fri. We will not guarantee that we can honor practice requests

Is child playing any other sport during this season? Yes () No ()

CHILD'S Last Name _____ First Name _____ M/F _____ DOB _____ Grade _____

Does your child have any physical/other limitations? Yes () No ()

If yes, please explain the limitations: _____

Please circle shirt size— **YOUTH:** M L **ADULT:** S M L XL

Any day your child **can't** practice: Mon. Tues. Wed. Thurs. Fri. We will not guarantee that we can honor practice requests

Is child playing any other sport during this season? Yes () No ()

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the North Hampton Youth Association, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with sports and consideration for the North Hampton Youth Association accepting the registrant for its sports programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the North Hampton Youth Association, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of the fields and facilities utilized for the Programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the programs and/or being transported to or from the same, which transportation I hereby authorize.

Parent/Legal Guardian (PLEASE PRINT)

Signature

Date

PARENTAL SUPPORT

Active participation in all of the North Hampton Youth Association's programs will positively enhance your child/children's experience.

() *Coach () Special Projects () Team Parent
() *Asst. Coach () Field Preparation () Other _____
() *Referee () Concession _____
() Board Member () Fund Raising _____

CONSENT FOR MEDICAL TREATMENT (MINOR)

As the parent or legal guardian of the above-named players, I hereby give my consent for and authorize emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of my dependent.

Signature of Parent/Legal Guardian

***Due to insurance regulations, all coaches and asst. coaches will be subject to a routine background check. All coaches will need to be NYSCA Certified which will require taking a 3-hour course, time to be determined.**

SPORT: _____ **DATE:** _____ **FEE:** \$ _____ () Cash () Check # _____ Received by _____